GROUP TRAINING REQUEST

Please fill out the form and return to OHR when requesting group training for your organization. If you are asking for a specific vendor to teach, please provide me with a sole source justification.

Site Name: _____   Date Submitted: _____

POC Name: _____

Course Title: _____

Date(s) Preferred: _____

Min/Max# Students: _____

Statement of Work or
Course Overview: _____

_____

_____

_____

Course Objectives: _____

_____

_____

Start Time: _____

Training Location : _____

Training Reason: _____

Note: Training opened to other sites: Y__ N ___ Cost: Y__ N ___
Cost: TBD